

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's
file reference

1085-016WO01

Date stamp of the receiving Office

Applicant

NISSAN MOTOR CO., LTD. et al.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 79.00 [T]

2. SEARCH FEE 1877.00 [S]

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 50
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

[i1] first 30 sheets 1102.00 [i1]

[i2] 20 x 12 = 240.00 [i2]
number of sheets fee per sheet
in excess of 30

[i3] additional component (only if a sequence listing and/or tables
related thereto are filed in electronic form under Section 801(a)(i),
or both in that form and on paper, under Section 801(a)(ii)):

400 x = [i3]
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I 1342.00 [I]

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) 39.00 [P]

5. TOTAL FEES PAYABLE 3337.00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT (Not all modes of payment may be available at all receiving Offices)

☐ authorization to charge
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☒ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts
of the receiving Office so permit) Authorization to charge any deficiency
or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/

Deposit Account No.:

Date:

Name:

Signature: